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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from vol. xl., page 274.]

Hypochondriasis *(concluded)*.—We have remarked in our last paper, that although in many (we should say in most) cases, the lesions, psychical and physical, of the nervous system, first attract notice, yet it is probable that it is in the imperfect decarbonization of the blood that hypochondriasis originates. The majority, we should say, of cases of hypochondriasis thus arises; yet a very considerable number may be said to be of a directly nervous origin.

The first class of cases is composed of sedentary persons, such as literary men and cobblers, though the latter, from working at open stalls, have a relative smaller proportion of their trade affected than the former. Now, such sedentary life interferes with the due decarbonization of the blood in one or more ways. The thorax is not freely exercised; nay, the stooping and crouching posture of most literary men tends positively to contract and deform this part of the body; so that rarely will you see a confirmed student, be he lawyer, clergyman, or *littérateur*, who has not one shoulder more, and the other less, developed than should be. We have at this moment in recollection one of the most learned and notorious members of the House of Lords, who remarkably illustrates the observation now made; and opportunities we have enjoyed of closely scrutinizing many of the most intellectual men now living, warrant us in saying that the above instance is by no means a singular one. The poet Wordsworth himself seems to be aware of this tendency of study, as his sublime verses clearly indicate. They form part of the venerable poet laureate's remonstrance with a friend against inordinate application to books, and though perhaps too lofty for the present subject, I shall yet dare to quote them:—

> "Up! up! my friend, and clear your looks;
> Why all this toil and trouble?
> Up! up! my friend, and quit your books,
> Or—*surely you'll grow double!*"

We now more immediately speak of the mere mechanical impediment to respiration, resulting from a sedentary life and a restrained movement of the thorax. A less volume of atmospheric air being momently inspired, a less amount of carbon is borne out of the system by the channel of the lungs, and as the calculation is, that from 2000 to 6000 grains of solid carbon ought, as an adult average, to leave the body in this way every twenty-four hours, so every circumstance in a man's mode of life that interferes with the elimination of this excretion must be detrimental. It is obvious that a laboring man (or even he who devotes a due portion of his time to active riding, walking, &c.), by the free play of the muscles of the thorax and abdomen, and vigorous inspiration and expiration, must get rid of a much larger quantity of carbon than he who remains quiety seated at his table during many hours of the day. Now in the case of the sedentary man, it is probable that the carbon, feebly and imperfectly eliminated by the lungs (for the reasons stated above), seeks egress by the liver, the next great outlet for carbon. Hence in most of the cases of hypochondriasis, there will be found tumidity of the liver, portal plethora, causing a doughy fulness of the abdomen, a sallow complexion, a yellow tongue, and stools either very dark, or, more rarely, very pale. The tarry, melanotic character of the stools is owing to the circumstance of the biliary secretion, always (owing to the causes stated above) excessive, freely passing off, while the occasionally recurring pale stools are owing to transient fits of torpor in the liver (observable in this disease) when a complete, though temporary occlusion of the common duct seems to occur, and the chyme passes on, without ever being converted into chyle. The evacuations which occur at this time are peculiarly fœtid; the urine is turbid; the skin hot and dry; sleep restless and disturbed, with night-mare. It is from some of the symptoms enumerated above, more especially the tumefaction "under" the *hypochondres*, along with the supposed site of the disease in the liver, which obtained for it its ancient name of hypochondriasis.

We believe the causes we have now animadverted on, to be the leading ones of most cases of hypochondriasis. To general venous congestion; to portal plethora and stasis; to imperfect elimination of carbon from the blood, by lung and liver, we attribute the chief symptoms of hypochondriasis, at least of that form called hypochondriasis *sine materie*, that is, without a structural cause.

We know what curious effects on the nervous system are caused by congestion; the horrors of night-mare, which often inflict on a man a greater amount of physical and moral suffering than he ever experiences when awake, are due to that flagging action of the heart, by which remora in the cerebral circulation is induced. Every one has probably experienced the intolerable uneasiness of this brief interruption (for, however long the night-mare dream may appear, it is probably the result of the congestion of a few seconds only, and, in all likelihood, many cases of sudden death at night from alleged heart-complaint,* are owing to that congestion being a little more prolonged than usual). Now we are of opinion, that a minor form of abdominal and cerebral congestion —a sub-acute (if we may express ourselves so) but chronic form of congestion—exists in hypochondriasis, and accounts for the waking despondency of the subjects of that disease. Complicated with this congestion there is (as we have already observed) a remarkable morbid sensibility of the organic and sensient nerves. The connection of this morbid sensibility with the congestion described above is somewhat obscure; but that morbid nervous sensibility, organic and sensible, does actually co-exist in hypochondriasis, along with venous congestion, is a fact not to be denied, however difficult it may be to explain the connection, or authentically to decide whether or not they hold, to each other, the relation of cause and effect.

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* Sometimes, however, all the symptoms we have described are owing to a nervous or muscular debility of the heart. Two or three hours after the patient goes to bed, the heart's action sinks alarmingly, and if he sleeps in these circumstances, he is sure of night-mare, and runs no inconsiderable risk of sudden death. We have been much perplexed in the management of cases of this kind, but we have found that the taking of a draught, containing aromatic spirits of ammonia,

We have said enough on the theory of this disease, and we now pass to the treatment; which, notwithstanding what writers say, and despite the seemingly obstinate, mysterious and Protean character of the malady, is uniform and simple. We must, however, premise that the observation now made applies to genuine idiopathic hypochondriasis alone, not to melancholia or to structural affections of the cerebrum, heart, &c., nor to latent gout and its innumerable anomalous symptoms, with which diseases hypochondriasis is by no means rarely confounded.

As we never find hypochondriasis arising in persons of sufficiently active physical habits, particularly if they are temperate in diet, and have their moral and intellectual faculties adequately and judiciously exercised, this fact alone indicates to us what should be our plan of treatment. In this affection, medicine is subordinate to an enlightened hygiene. It is true we must often commence the treatment with what are called cholagogue aperients. If there is decided abdominal plethora (indicated by general abdominal tumefaction, not of a tympanitic character), if there is fulness and tenderness in the hepatic corner of the abdomen, and if the stools are scanty and pale, then aloes or scammony, with calomel or blue pill, must even be resorted to. Purges of this kind may be given, on alternate days, for two or three times—to be followed by a course of the decoction of taraxacum and the tartrate of soda.

But if the stools are bilious, cholagogues are of course superfluous, and are to be omitted. The patient is at once to be compelled to adopt active habits; to spend the entire day in the open air; if practicable, to ride, or travel, or sail; to live abstemiously; to change, in short, during many weeks or months, his avocations and scenes. Few cases of hypochondriasis *sine materie*, will hold out against three, six or nine months of this treatment; while it behooves us, on the other hand, distinctly to intimate that no treatment but this will effect material improvement, much less permanent cure.

As, however, in some cases, the chylopoietic viscera and the nervous system have both suffered considerable functional impairment before they

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and brisk aromatic frictions over the cardiac region, before going to bed, with reclination on the right side during sleep, are the best safeguards against it. Hot brandy and water, if preferred to the ammonia, and if not otherwise objectionable, may replace the latter. We have found opium often useful. Patients liable to this affection must avoid the taking of purgatives at bed-time.

come under the physician's notice, a longer course of medicinal treatment is, in these cases, necessary. We shall briefly recapitulate this.

First, in persons of pituitous habit, the nervous excitability and debility (for they co-exist) are to be combated with metallic and vegetable tonics, such as iron, zinc, nitrate of silver, conjoined with quinine, gentian, columbo. If irritability predominates, the same metallic tonics are to be used; but instead of combining them with the vegetable tonics above indicated, we must substitute the sedatives hyoscyamus or conium, hop or lettuce; or the antispasmodics, valerian, camphor, musk or castoreum. On patients of the habit named above, we must enjoin a diet of animal food, with perhaps wine.

In patients of an opposite—namely, of the bilious—temperament, and in whom abdominal plethora and hepatic congestion usually exist, a somewhat different treatment is required. For these, a course of what is called deobstruents is expedient; and this is best administered in the form of mineral waters, such as those of Cheltenham, Leamington or Scarborough, in this country; and Vichy, Ems, or Carlsbad, on the Continent.

We have to add, that pure or idiopathic hypochondriasis is a rare disease. For we exclude from any claim to be called hypochondriasis, that form of it which exists *cum materie*, in which there is cerebral or cardiac disease; or the arthritic diathesis, though without any paroxysm of gout. Arthritis, we may here observe, is a far more subtle and widely-diffused disease than is usually suspected. It assumes many forms; obtains many names; simulates many affections. Its incubation, which is altogether ataxic and chronic, often extending over months and years—nay, sometimes smouldering during a patient's whole life, and never mounting into a complete paroxysm—is attended with great physical disturbance and moral depression. Tormenting sub-febrile and sub-inflammatory *malaise*, all manner of neuralgies, palpitations, dyspnœa, lumbar and nephritic uneasiness, hæmorrhoids, are some of the many equivocal forms which gout assumes in patients whose systems have not a sufficient energy of repulsion or extrudation to force it (so to speak) into open and regular hostility. But this is not hypochondriasis, though not seldom mistaken for it. Other and even more serious errors may sometimes be committed.

A gentleman of 30 had returned from abroad, where he had exercised the office of magistrate in a retired district of our largest colony. Soon after his return his conduct became singular. He fancied that he had secret enemies, and that persons followed him in the street. He was seen by several physicians, some of whom considered the affection hypochondriacal; some, incipient delirium tremens; some, a mere psychical derangement, from return to English life, after long immurement among natives of different language, ideas and habits from his own. A fall which he had had into the hold of the ship, on his return from abroad, had perhaps attracted too little notice. While the writer of this was seated in the room next to the one occupied by the gentleman in question, in a large hotel, in one of the principal cities of the Continent, he heard a heavy fall, which he paid no attention to, as he knew that his friend was packing a portmanteau. But going into his room in a few minutes, he found him extended on the floor, with a razor in his hand which had been used with fatal resolution. A *post-mortem* examination discovered a hemispherical ulcer of the brain, of the size and depth of half of one of the marbles used by children, its site just over the sella turcica. The only consolation in the tragical circumstance was, that the case was incurable, and must have terminated fatally.

We must now conclude this somewhat lengthy notice. While, in regard to the treatment of hypochondriasis, we cannot entirely adopt the words of Montanus, "Fuge medicos et medicamenta, facileque convalesces," we are yet prepared to maintain, that if, after putting in force the means which we have recommended for the cure of what we suppose to be hypochondriasis *(sine materie)*, we find our hopes disappointed, and the disease persist, we shall find, on more careful scrutiny, and the event will prove, that our diagnosis has been faulty, and that we have to contend with some form of cerebral, cardiac, of gouty or of abdomino-visceral disease.—*London Lancet.*

MEDICAL EVIDENCE IN THE TRIAL OF PROF. WEBSTER.

[We continue, from last week, the testimony of the physicians who were called as witnesses for the government in this important trial.]

Dr. C. T. Jackson.—Am a chemist by profession. Have followed practical chemistry for the last ten years. Was called to the examination of the remains found at the Medical College on Saturday afternoon, Dec. 1, 1849. Met Dr. Martin Gay and Dr. Winslow Lewis. The chemical examination was assigned to Dr. Gay and myself. Were shown the remains of a human body, and the contents taken from a small open furnace; took observation of the remains. Did not think they had been used for anatomical purposes. They had not been dissected. The manner of opening the body I thought indicated some knowledge of anatomy.

Heard the testimony of Drs Lewis, Stone, and Gay, and agree with it. Was acquainted with the late Dr. George Parkman. He was a tall and slender man. I thought him rather flat and broad on the pelvis. Thin on the lateral view, and not so much so in front. Discovered nothing dissimilar from I what supposed to be the conformation of Dr. Parkman.

The flesh showed indications of having been subjected to a strong solution of caustic potash. [The analysis of the contents of the furnace, and other articles, was presented in writing, to which Dr. J. testified as given before the coroner; and Mr. Bemis read it.]

The bones had the appearance of being exposed to fire—were much broken and partially fused among the cinders. A tooth with a hole in it, having the appearance of having been filled by a dentist—a block of mineral teeth—globules of gold—a pearl shirt button—pieces of an alloy of tin and lead, were found. The ashes yielded globules of gold and some silver—30 grains of gold were found.

Examined the skin and flesh of the thorax, and found it corroded as if by potash, and submitted it to analysis; it yielded strong alkali. Some parts of the skin appeared singed, as if subjected to the action of fire. Dissected out the arteries of the thigh, and delivered them to Dr. Gay to see if any zinc or arsenic was to be found in them.

I was instructed by the Attorney-General to take possession of articles left by Dr. Gay [deceased]. Did so. Found the very papers that I delivered to Dr. Gay, and gave them to Mr. Crossley, who had begun the analysis for Dr. Gay, to complete the examination.

Potash softens and dissolves human flesh gradually, and, when heat is applied, very rapidly. If attempting to dissolve a body in potash, would dissolve the potash and boil it, precisely as in making soap. It would depend on so many circumstances, he could not tell precisely how long it would take to dissolve a body; if cut up in small pieces it might be done very rapidly.

It would take nearly half the weight of the body, of potash, and would require a large kettle. Should think it would take about 70 lbs. of potash to have dissolved Dr. Parkman's body. Less than that would have destroyed the possibility of identifying the remains. Went through Dr. Webster's laboratory. The largest vessel I saw was a tin boiler, such as is used for washing clothes—about from a foot to 15 inches square. This vessel was not large enough to have disposed of a thorax or thigh, without its being cut up in pieces. Potash is the best thing to dissolve a body, because it can be used in common vessels. Nitric acid would be the next best. Nitric acid would require vessels of porcelain or glass. Should think it would take about the weight of the body of nitric acid to dissolve it. If heated, it would give off very little nitrous acid gas, but if boiled a very large quantity. Decomposition would be most rapid if boiled. The gas is very disagreeable and unhealthy, but the draft of a chimney would protect the operator. I saw there several bottles, containing five or six pounds each, of nitric and muriatic acids; there might have been ten pounds of nitric acid. Some drops of green liquid on the stairway leading from the rear of the lecture room to the laboratory, were taken up by Dr. Gay by means of filtering paper; I have since examined that liquid, and it was nitrate of copper. The spots were numerous all over the staircase, and side wall—most abundant towards the bottom; had the appearance of being spilt on each stair separately, and not running from one to another. Nitrate of copper is very dilatory in drying up. Its taste is very astringent, caustic, and like copper. Have transferred the microscopic examination of the action of nitrate of copper on blood, to Dr. Wyman; a powerful microscope is the best instrument to discover the effect of acid upon blood. He also took the pantaloons and slippers. The punch pieces, made of copper, found in the ash-pit, had nitrate of copper upon them. They were of the same kind as others found in Dr. Webster's drawer in the room above. A large number were found in the ash-pit, much acted upon, showing that they had been used for making nitrate of copper. I think Dr. Gay had the pearl shirt button, and I have not been able to find it. I found 45 grains and 6 tenths of gold, by washing my portion of the contents of the furnace. Dr. Gay found 47 grs. in his. Mr. Andrews also brought me 81.05 grains. Total, 173 grains 65-100ths. The 173 grains would be worth $6,95, standard value. Some gold still remains in the ashes, in very fine particles. The appearance of the bones taken from the furnace indicated that they had been subjected to great heat. I have been acquainted with Prof. Webster several years. The large sheath knife found in his laboratory at the College, I noticed in his laboratory in Mason street in 1846. When it was shown to me on Monday or Tuesday, in the Grove-street College, it had the appearance that an attempt had been made to clean it. It had whiting and oil upon it. I found this by scraping it off and analyzing it. The oil was not quite dry—was like soft putty. Dr. P. was about my height. He appeared so when he stood erect. I am a trifle over 5 feet 11 inches. If flesh had been consumed in the furnace, the odor would have been carried off. It was an assay furnace, and therefore covered when in action. We saw the cover there. It was of the kind used for an assay furnace. There was about half a peck of ashes, and a couple of quarts of cinders and anthracite coal.

Cross-examined.—I should not have supposed the remains were those of Dr. Parkman, if he had not been missing. I draw no conclusions from the sea-salt with the potash. It is found with potash. Some of the hair was curled and singed, as if it had been exposed to flame. Only one side of the thorax, its two ends and back, had been subjected to the action of potash. The thigh found with the thorax had been softened by the action of fire as well as potash. The head of the thigh bone was smoked. If cut up into small pieces, and with a very large vessel, it would take but a few hours to dissolve the flesh, without thebones. It would require weight for weight of acid and flesh, and heat to do it. In nitric acid the bones might be dissolved in half a day. The green fluid spots might been have several days on the wall. They might have been there two weeks. The oil and whiting near the handle of the knife I supposed were used to clean the silver on the handle. The potash had not been long on the remains—it was still caustic. The softening was produced by the joint action of potash and fire. There was little effluvia from the body—it had an alkaline smell. The softening would be soon effected, by the joint action of potash and fire, which gelatinized the skin. Nitrate of copper would produce the same brown stains on Norway pine that we found on the stairs. [Exhibited spotted chips from the stairs.]

Re-examined.—The ashes were partly of wood and hard coal.

Richard Crossley.—I made experiments on certain bloodvessels, at the request of Dr. Martin Gay, to ascertain if they had been injected with arsenic acid, or chloride of zinc, and found no appearanee of those substances.

Dr. N. C. Keep.—Am a physician and dentist; have been in practice nearly thirty years, and have given attention to mineral teeth. I knew Dr. George Parkman, as early as 1822. In 1825 he employed me as his family dentist, and ever since that time, so far as I know. I was shown a block of mineral teeth, by Dr. Winslow Lewis, Jr., on the Monday after Thanksgiving last. I recognized them as the teeth I made for Dr. Parkman in 1846. [The teeth found in the furnace were exhibited to the witness.] These are the same as shown by Dr. Lewis. Dr. Parkman's mouth was peculiar in many respects—especially in the relation between the upper and lower jaws; and thus the impression left on my mind was very distinct; I remember these peculiarities with great exactness. The circumstances under which the teeth were ordered, were peculiar. Dr. Parkman asked how long it would take to make the teeth. He said he wanted to be present at the opening of the Medical College, and might wish to speak; and he did not wish to order them unless they would be ready by that time. The time was rather short. The peculiarities of the mouth required as much skill as could be used in fitting the teeth. I began the work as soon as possible, and gave a large portion of my time to it, from day to day. I saw him frequently while it was in progress; and in consequence of these circumstances, remember very distinctly. I proceeded in my usual mode in taking an exact *fac simile*, or impression of the gums. It was done by taking a portion of soft wax, supported by a piece of metal, or mouth cup, which being placed in the mouth was pressed carefully upon the gum of each jaw separately, and then the impression was taken out. Liquid plaster was then poured into the impression, which, in twenty minutes, became hard, and could be taken out. Here is the plaster-cast of Dr. Parkman's lower jaw taken from life. [Exhibited.] The natural teeth were cut off, in the plaster-cast, of which there were four, besides three stumps. He had lost all his upper teeth.

[The witness then described the process of making the pattern plates, by metallic dies.]

The next step was to make gold plates from the same dies, aided by the pattern plates, which had been tried to the doctor's mouth. Then the relation between the upper and lower jaw was to be found. The lower plate was fitted to the lower jaw with soft wax upon it, and so with the upper; the jaws were then shut. The relation of the jaws, showing the receding of the upper jaw, was thus obtained. This peculiarity was strongly marked in the doctor's mouth. I have here two sets of casts, one showing the form of each jaw; and the other, the relation of the jaws to each other. The teeth were made in blocks. After getting the pattern, this block was made in one entire mass, and then the teeth carved. The great irregularity of the left side of the lower jaw caused much difficulty. The upper set was made in one entire piece, and cut into three pieces before baking. These pieces are called blocks. The upper teeth of Dr. Parkman were in three blocks. The lower teeth were also in three blocks, but not made whole, in consequence of the natural teeth which remained. On the left side of the lower jaw was the largest block; the next largest was opposite—and both were back teeth. The three blocks of the lower jaw were attached to one gold plate and formed one piece. The upper blocks were also attached to a single gold plate, which completed the upper set. The upper and lower teeth were connected by spiral springs, which enabled the patient to open and shut his mouth with less danger of displacing them. The pins which fastened the teeth, were platina instead of gold. There was an accident which injured one of the teeth, which rendered it necessary to make a front upper block anew. This occupied me nearly all night; but they were finished thirty minutes before the opening of the Medical College. I did not feel entirely certain that they would be quite as I wished them, so I requested of the doctor that I might see him soon. When I next saw him, he remarked that room was wanting for his tongue. In order to obviate that difficulty, I ground the lower blocks on the inside, to make more space, which at that time was not accomplished with much ease, and required a small wheel on account of the angle formed by the teeth and the plate. The grinding removed the color of the gum, and also the enamel of the teeth. Two weeks before his disappearance, he called late in the evening, having broken the spring, which I repaired. The day before his disappearance, he called on me to inquire respecting a servant who had lived with me.

Monday after Thanksgiving, Dr. Lewis presented to me the portions of mineral teeth, saying he was requested to bring them to me for examination. On looking at them, I recognized them to be the same teeth I had made for Dr. Parkman. The most perfect portion which remained was the block belonging to the left side of the lower jaw. I recognized the shape and outline to be the same with those which I had labored on so long. Several of the other portions had been much injured by exposure to fire. I proceeded to look for the models by which those teeth were made. On comparing the most perfect block with the model, the resemblance was so striking that I had no doubt. This portion which I now hold in my hand, belonged to the right upper jaw. This belonged on the left upper. This is the remains of the front upper block, more injured than the others. The left lower block is nearly entire. [The witness here exhibited to the Court and Jury the left lower block of teeth, with the mould in which it was formed. He also explained to them the manner in which the teeth had been ground to give more room for the tongue.] I find embedded with these portions of mineral teeth portions of gold and minute portions of bone. This small portion of bone is cancellated—peculiar to the jaw bone.

The teeth were in the doctor's mouth the last time I saw him—the day before he disappeared. The presumption is very strong that they were in the mouth when the head was placed in the furnace, for, when recently worn, they absorb small portions of water, which, when heated rapidly, would explode them, and they would go into a multitude of pieces. If the teeth had been removed from the head, the springs by which they were connected would have thrown them apart, and they would not probably have been found fused together. I find fused in with these mineral teeth a small portion of the natural jaw.

Cross-examined.—These teeth were all exhibited to me at the same time by Dr. Lewis; I knew the teeth when I first saw them. Dr. Parkman's name was written on the models at the time the teeth were made; I preserve models for use in case of accident. Dr. Parkman had a former block, which was displaced.

Re-examined.—The different portions of the teeth, when they came from the furnace, were all in one mass, so that they could be lifted up together; but afterwards separated. I recollect that, in the examination before the Grand Jury, the root of a natural tooth was accidentally broken off from one of the blocks of mineral teeth.

Dr. Lester Noble.—I was an assistant of Dr. Keep in the autumn of 1846, and continued until July, 1849. I recollect working upon teeth for Dr. Parkman in 1846. The handwriting on the models—"Dr. Geo. Parkman, October, 1846," is mine. I examined the teeth found in the furnace, and recognized them to be Dr. Parkman's from the general shape and configuration. It struck me at once. In looking them over carefully, I noticed a hole between the second bi-cuspid and the first molar tooth. I also noticed a surface which appeared to have been ground, and recollected that those of Dr. Parkman had been ground in that way—that I saw Dr. Keep grind them. I also noticed a small margin near the plate, unground, which could not be reached without removing the plate. I see good reason to believe these to be the teeth of Dr. Parkman, and none that they are not. I have not the slightest doubt but that they are the same I worked upon for Dr. Parkman. I remember the circumstances of making these teeth on account of Dr. Parkman's great punctuality in attendance when he engaged to call in from time to time; they were to be finished for him on the occasion of the opening of the Medical College, and were so finished just in season. I went to the meeting, and sat so as to observe, when the doctor spoke, how the teeth operated. When he was complimented by Governor Everett for his generosity in giving the ground for the College, I think Dr. Parkman replied by bowing, but said little or nothing if I remember right.

Dr. Jeffries Wyman.—I am Professor of Anatomy in Harvard College. I went to the Medical College on Sunday, Dec. 2, and found several gentlemen there. My attention was called more especially to the fragments of bones found in the furnace. I have a catalogue of these bones. These, in this box, are the fragments found at the College. They are registered under 35 heads. My attention was directed to the remains of flesh, though not particularly. These remains showed no indication of having been used for anatomical purposes. On examining the thorax, I was struck with the fact that the sternum was removed in the manner usual in *post-mortem* examinations; as well as its separation from the collar-bone and the first rib. The route which the knife passes is such, that a person unacquainted with the operation would have great difficulty. There is only one way. The separation of the thigh-bone from the hip indicated the same knowledge; I did not observe as to the separation of the head from the trunk. The saw is not usually employed for purposes of anatomical examination. The quantity of hair on the back was very unusual—on each side of the spine, and half or third of the way down the back. If death were occasioned by a blow, and the stab were immediate, I should look for a considerable flow of blood. *Post-mortem* examinations are not necessarily attended with much flow of blood; though it is usual to spread cloth by the sides of the body.

I examined certain spots on the sides of the stairway leading from the upper to the lower laboratory. Some of these were tobacco spittle. But there were others higher up, of which I discovered nothing definite.

On Sunday, these were moist. They were said to be nitrate of copper. I have experimented to determine whether nitrate of copper would destroy the globule character of blood. I placed some blood under the microscope, and added some nitrate of copper. In the course of a few hours, the discs of blood had disappeared.

There were brought to me a pair of slippers, and a pair of pantaloons. These are the same slippers, and these are the same places where I cut out certain spots. [These slippers were then shown to the jury.] I have satisfied myself that these spots were blood. These are the same pantaloons. Dr. Webster's name is marked upon them. I cut the spots from them. I obtained a sign from these spots which satisfied me that they were blood. I think the drops of blood did not fall upon the pantaloons from any great height—say three feet—otherwise the drop would have assumed the elongated form on the surface upon which it fell. The spots are on the lower part of the outside of the left leg. [A paper was also shown, found by officer Heath in the laboratory, under the table, which the witness said contained two spots of blood.]

The bones during my examination I arranged in order; those of the head, of the neck, and other parts, were selected out and put by themselves. [Witness proceeded to explain minutely to the Court and jury, by a diagram, the natural location of the different fragments of bones. From the jaw bones found, Dr. Wyman had made a model of the lower jaw, which corresponded in a remarkable manner with the model in the possession of Dr. Keep.] There were no duplicates of any of the bones, and the fragments were from almost all parts of a human frame. There were some particles of bone attached to one of the blocks of teeth. There are 16 teeth in each perfect jaw of a person. Nitrate of copper applied to blood produces a blueish tint of color. [Witness explained at some length the action of heat upon bones.]

Cross-examined.—I should think nitrate of copper effectual to remove blood, but no better than water unless the blood had soaked into the wood. Should think muriatic acid would then be a better solvent The amount of blood is about one-fifth the weight of the body. I examined Dr. Webster's laboratory for the purpose of finding spots of blood, but only found it on the pants and slippers. The bricks were removed from the floor, but bore no indications of blood being spilled upon them. I think the perforation between the ribs of the trunk was not made with a knife, as by a stab. After blood has remained some 48 hours on a substance, it assumes a dark-brown color and does not change. The spots I examined had that appearance. Can by the microscope distinguish human blood from that of some animals, but not many.

Dr. Oliver W. Holmes.—Am Parkman Professor in the Medical School of Harvard University, and Dean of the Faculty. Dr. Webster lectured four times a week to the medical students, on the subject of chemistry. His department was distinct from that of the other professors. He had no connection with the anatomical department. His lectures were delivered from 12 to 1, mine from 1 till 2. I saw the remains found at the college. They indicated anatomical knowledge on the part of the person who dissected them. My attention was drawn to the manner by Dr. Wyman, and I can only confirm the general statement that there was no botching about the business. I observed the effect of chemical agency on the flesh, and length of hair on the shoulders. I noticed nothing in the remains dissimilar to those of Dr. Parkman. A stab between the sixth and seventh ribs need not necessarily be followed by a great effusion of blood externally; it would depend on the direction of the wound. On the day of Dr. Parkman's disappearance, my lecture commenced at one. My lecture room is over Dr. Webster's, and I never was disturbed by a noise from the room below, chemical explosion or other. The rooms are very high. The seats of the students are raised above the main floor, but I stand upon it.

Cross-examined.—In the Demonstrator's room, opposite Prof. Webster's lecture room, noise would be heard sooner than in my room above. Cannot say that I think the remains had been subjected to fire, but caustic had evidently been applied. A mortal blow on the head might be given without any effusion of blood following.

[The evidence for the defence was commenced on Wednesday, March 27th. We select that portion which is from physicians and dentists, and give it below, to the exclusion of other matter on hand, in order that the evidence may be finished in the present number. Dr. Jackson's report to the Coroner's Jury, and Dr. Wyman's catalogue of the fragments of bone found, alluded to in the testimony of these gentlemen, we are obliged to defer to another number.]

Dr. Winslow Lewis, Jr.—I have known Dr. Webster for 30 years. He always stood fair as a man of humanity and kindly feeling—never a man of violence. I have frequently had difficulty in gaining admittance to Dr. Webster's room, when in the Mason street College. I did examine the cut between the ribs. It was not a clean cut. If it had been, that would not show that it might not have been done after death. I could not form any conclusion from the appearance of the fracture of a bone, whether the fracture was made before or after it was calcined. We finished our examination on Sunday. When I saw Dr. Strong at the laboratory, we had finished our examination.

Cross-examined.—I have not had as much experience in osteology as Dr. Wyman. The membranes are more tense before than after death, and if the cut were a clean cut, it would have been more likely to have been made before death.

Dr. George H. Gay.—We finished our examination of the remains on Sunday. I saw Dr. Strong there on Monday. The cut was not a clean cut. I thought at the time it was made with a cane. The limbs from the privy had the appearance of maceration.

Dr. O. W. Holmes.—There are two principal authorities on the subject of the quantity of blood in the human body. One says one-fifth of the weight of the subject, 27 or 28 lbs. The other, between one-fourth and one-fifth, about 34 lbs.—about 17 quarts, or something less. In regard to forming an opinion respecting the shape of a fracture before or after calcination, it depends on the degree to which they are calcined. If calcined to a moderate degree, I could not judge to say with certainty.

By the Attorney General.—Should not prefer Dr. Wyman's opinion to my own. Have examined the specimen shown by Dr. Wyman, and could not ſorm any opinion whether it was ſractured beſore or aſter being calcined.

E. N. Horsford.—I am Profeſſor in the Lawrence Scientific School, at Cambridge. I have given lectures on chemiſtry, as well as instruction. Nitrate oſ copper is a ſubſtance common in chemical laboratories, and is ſrequently uſed in organic analyſis. It is not the beſt article to deſtroy the globule character oſ blood. Nitric acid and potash diſſolve bone quite as readily as any other ſubſtances. I have made experiments with the ſormer in diſſolving bones and tendons. In five hours and twenty minutes the liquid became clear. The tendons were diſſolved in between three and ſour hours. Human muscle can be diſſolved in a very ſhort time; but I have never diſſolved human bone. Some veſſels in Dr. Webster's laboratory contained ſolution oſ copper. Gaſes are ſrequently taken ſrom anatomical vaults ſor the purpoſes oſ examination. When I took poſſeſſion oſ Dr. Webster's laboratory, I ſent out to Cambridge an old blanket, two pairs oſ pantaloons, one or two coats, a pair oſ overalls, and a light cap. I examined the overalls curſorily beſore I ſent them out, and obſerved nothing on them. I looked over all the clothes. I have ſeen the ſame garments ſince, and obſerved no change in them. There was no blood upon them.

Cross-examined.—I ſound the overalls in the ſmall private room. I think the policeman had uſed them ſor a pillow. There was, perhaps, a gallon and a halſ oſ nitric acid in the laboratory; about 13 or 15 pounds. I could not ſay how ſtrongly it had been concentrated. I think it would require rather more than the weight oſ a body, to diſſolve it in nitric acid rapidly. In the experiments I made in diſſolving bones and muscles with nitric acid, no odor eſcaped. I diſcovered no apparatus about the laboratory, ſufficient to uſe 150 pounds oſ nitric acid.

I have not examined the ſpots on the ſtair caſe. I attached no importance to them, as it is common to drop ſubſtances about a laboratory. Nitrate oſ copper would not affect the ſabric oſ clothes at once.

Dr. W. T. G. Morton.—I am a dentiſt, and have practiſed about 8 years. I uſually manuſacture all the mineral teeth I uſe. I have had opportunities oſ knowing Dr. Keep's work. I ſee nothing peculiar about theſe teeth [thoſe ſound in the ſurnace] by which they could be identified. I ſee nothing peculiar in the grinding oſ mineral teeth to make room ſor the tongue. It is quite common. The mode oſ pinning the teeth to the plate is quite in the uſual manner. The poſition oſ the hole is that laid down in the late books. [The witneſs thought the mould ſhowed by Dr. Keep would fit the lower jaw in many mouths.] The block oſ teeth ſound in the ſurnace fits the mould oſ Dr. Keep no better than many I could pick out oſ a reſuſe lot oſ blocks. [Dr. Morton here exhibited to the jury ſeveral moulds oſ greater angle oſ abſorption than that exhibited in the mould oſ Dr. Parkman's jaw; and others, tending to ſhow that the teeth ſound in the ſurnace could not be identified by comparing them with the mould.] The block which was ſound in the ſurnace has the ſame appearance as thoſe which I take ſrom my ſurnace, when they have ſallen in by accident. I think the three teeth in the mould are those of the lower jaw, which we generally allow to remain, in preparing it for blocks of mineral teeth. [The witness here exhibited moulds from his laboratory showing the same number of teeth remaining, as in the mould of Dr. Parkman's mouth.] I think the action of fire has warped one of the blocks, and the lower one, I argue, may have also warped, so as to fit, more or less perfectly, the mould of Dr. Keep.

Cross-examined.—I knew Dr. Parkman, and should hardly know whether to say he had a peculiar jaw; I never saw any two jaws alike. All jaws are alike in some respects. I have seen a good many like Dr. Parkman's jaw, and I can't think it peculiar. I am not at liberty to name my patients whose jaws project as much as those of Dr. Parkman. I could not identify my own work, after it had been into the fire. In many instances I could identify it before it was subjected to the fire, but not always. Teeth, when fitted for one mouth, with plates, would not answer for another. I should say that the person, the mould of whose jaw I have exhibited for remarkable absorption, was between 50 and 60. Teeth fitted for both jaws would be much less likely to fit the mouth of another person than if fitted for one.

Re-examined.—The blocks, separate and distinct, might fit the mouth of another person than the one for whom they were prepared.

Dr. James W. Stone.—I was one of those who examined the remains found in the laboratory. We finished our examination on Sunday. The hole between the ribs was not a clean cut; and there would be no difficulty in making such a cut after death, more than a butcher would have in cutting a piece of meat.

REBUTTING TESTIMONY FOR THE GOVERNMENT.

Dr. Daniel Harwood.—I am a dentist of this city, and have been in practice since 1829. I am one of the Counsellors of the Massachusetts Medical Society. I have always been busily engaged in the manufacturing mineral teeth, and one of the first. There are distinct marks of identity by which a dentist can know his own work, as a general thing, especially in what are called "large cases." By large cases, I mean where several teeth are connected by plate, or in a block. Single teeth would depend upon the composition. I also think a dentist would recognize the work of another; though I would not say positively that I could identify Dr. Keep's work. As I see the patients of other dentists, I sometimes remark that this is the work of Dr. Keep, or Dr. Morton, and generally the patient says I am correct. [The teeth from the furnace were here shown to the witness.]—These are covered with foreign substance, and I should be unwilling to say positively as to them, as there are other dentists who use the same composition as Dr. Keep—such as Drs. Flagg and Kelley. These teeth seem to be the same composition as is used by Dr. Keep. The style is certainly Dr. Keep's; for he does not separate the teeth down to the gums. I judge of Dr. Keep's work by having seen his work in the mouths of patients, and occasionally at my laboratory. It may be the style of others also. There is something peculiar in the shape of the block which might enable the maker to identify it as his own work. [The mould was here shown to the witness.]

There is a striking peculiarity on the left side—the great absorption. [Objected to; and the Court confined the witness to a general identification.] If I had made such a piece of work, and had seen it recently and compared it with the model, I think I should know it; nor do I think Dr. Keep could be mistaken.

Cross-examined.—We don't do all the work ourselves, but have assistants. I can't find among my models any which present so great an absorption on one side only, as that of Dr. Parkman.

Dr. Joshua Tucker.—I have been engaged in dentistry for 21 years, at work all the time. [Teeth and models were shown to the witness.] I should not wish to give an opinion except as to one block—in the left lower side; and that, I think, affords accurate means of identification.

Cross-examined.—They may have warped, owing to having been subjected to heat.

Dr. W. W. Codman.—I am a dentist, and have had a medical education. Have practised as a dentist between 16 and 17 years. A part of the time I have given exclusive attention to the manufacture of mineral teeth. I think these teeth and the model [shown to the witness] would be sufficient to enable a dentist to identify his work.

THE PROPOSED NEW HOSPITAL IN BOSTON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I must confess that I have seen, with much pleasure, the proposal to establish a new Hospital in Boston.

In so large a city as this is becoming, it appears to me that more than one hospital is wanted. All praise and honor be given to the founders of the Massachusetts General Hospital. I believe that it may safely compare with any in the world as a school of medicine and surgery. I believe that there is not a hospital in the world superior in the excellence of its accommodations for its fortunate patients. The only difficulty is, it cannot accommodate all who require the benefit of it. The time was, and I recollect it perfectly well, when certain popular prejudices kept the beds empty, and when strong exertion was necessary to overcome this prejudice. Dr. James Jackson used sometimes to say to his pupils: "I do not wish people to be sick, but I wish that those who were sick would come to us."

Of late years, however, things are changed; and although the hospital has been enlarged, yet in the course of twenty years' practice, and frequently beset by patients to give them "a line" to the officers of the hospital, I have never known one who carried said line admitted.

Boston is, perhaps, peculiarly circumstanced. In England and in Europe generally, I believe, servants remain a long time in a place. Their situation is so much superior to that of the operatives, or others of their class, that, as they have no chance of rising to be governors or presidents, they prefer keeping a good place, to trying their fortune in the wide world. There, when a domestic is taken sick, it may naturally be esteemed the duty, and, in general, the policy of the master, to provide him with proper attendance.

But in Boston, the case is different. Domestics stay but a short time in a place. The master does not feel bound to provide for them when sick. He will not turn them out into the streets; but, if he is a rich man, he says to them, "I do not wish you to break in upon your wages, but I can get you admission to a free bed in the Mass. General Hospital; where you will be much better off and better attended to, than you can possibly be in my house." Now, being the proprietor of a free bed, or having influence with the trustees, or being a trustee himself, he has not the slightest difficulty in obtaining free admission for him or her. It would indeed be a pity should he or she have to break in upon the one, two, three, or five hundred dollars, the fruit of hard labor at service. But the utterly destitute can lose nothing.

It is a very natural thing that the trustees and officers of the hospital should prefer seeing respectable looking patients in their wards, which are the very perfection of neatness and comfort. They may also raise the question, Of what use is it to take people who have never been used to so much comfort and convenience, into a position they are entirely unaccustomed to?

I had occasion, some years ago, to attempt to obtain the admission of a patient into the Massachusetts Hospital. He was of English origin, but had lived long in America. He was a well-bred house servant, capable of earning high wages. In an evil hour, his ambition tempted him to set up a victualling cellar, in the Parkman market-house in Cambridge street. Here he lost money. He lodged in his cellar, which became flooded with water. He was seized with fever; and I found him quite destitute, in an apartment a foot deep with water.

I applied to the trustee of the week, at his house in Beacon street. This gentleman seemed disposed to gratify me, but on learning the patient's name, his desire cooled. A ragged messenger, I believe, had preceded me. I was informed that the almshouse was the proper place for such people. I told the trustee that, during a number of years that I attended at the hospital, such persons, and even those more destitute, were considered the proper subjects for admission. He replied that he knew this to be the case; but it had of late become the wish of the trustees to exclude such patients; and they referred them to the almshouse. This, he said, was the proper place for them.

Now, I did not think that carrying this man to the almshouse at South Boston, in wet weather, would cure his fever; and however skilful the physician of that institution might be, I knew that the attendance there was very different from what he would receive at the hospital. Therefore, though I could very ill afford it at that time, I paid his expenses at the latter place. The patient shortly recovered, and, with true English constancy, has remained in the employment of the hospital this ten years' past. No objection was made to his moral character; nor have I ever heard any. He is now as respectable a looking, well-dressed man as any of the middle class you meet.

This took place some years ago, Mr. Editor; and I should not have referred to it had I not been informed, by very high authority, that such has been the course ever since pursued. It is not my object to complain of this, but merely to express, what has always been my conviction, that something half way between the hospital and the almshouse (call it House of Industry, if you will), should be established in Boston. I would not have a show building, of marble or freestone, but one similar to the hospitals of other countries and other parts of the United States. I would have it, like those, a hospital for the poor. An almshouse is not a hospital. Call it a fever hospital, if you will, and keep it clear of chronic cases—which might go without harm to the almshouse.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 3, 1850.

Medical Testimony.—Such is the exactness of the evidence given on Prof. Webster's trial, by medical gentlemen of Boston and vicinity, that the community must be convinced of the profound attainments of those who are thus shown to be masters of their profession. The re-construction of the skeleton of the late Dr. Parkman, by the mere fragments of different bones which were found, indicates the very deep study that has been bestowed on anatomy by those who were able to accomplish a feat so novel and remarkable. Dr. Keep's careful and explicit testimony, too, shows what perfection the art of dentistry has attained in New England, and exhibits in an interesting manner the mode of making records by moulds of the parts to be benefited by art. The silent evidence of a mineral tooth, sliding into the matrix in which it was made, and fitting no other place, amounts to demonstration in a case like this. There is a kind of medical testimony that is weakened by efforts to give it strength: those who venture beyond what is requisite, by advancing hypotheses, instead of simply keeping close to the lines drawn by nature and fact, add nothing to the credit of the profession, and do not conform to what is required by modern medical jurisprudence. Little of this has been manifested, however, on the present exciting trial.

Annual of Scientific Discovery.—This book embraces a condensed abstract of the progress of science and the arts in 1849, throughout the civilized world, and is therefore a general compilation from the journals and other reliable sources. It is exceedingly instructive, and by giving it to the public annually, hereafter, the series will constitute a scientific digest of each year, and therefore ultimately form a series of great value. The authors are young men of energy, who give early evidence of the position they may occupy in after times. Keep doing: industry is the lever that moves society.

Obituary of Thomas T. Hewson, M.D.—In the Transactions of the Philadelphia College of Physicians, we read, with much interest, a sketch of the life of the late Dr. Thomas T. Hewson, of that city, by Franklin Bache, M.D. We have a distinct recollection of the appearance of the subject of this obituary, as he was seen in Philadelphia, some years since, which adds to the value of the notice of the worthy man, as we pass from page to page. A great void was made by his death. Those who live, by copying an example so pure and illustrious, may be equally loved and honored, though they may not be fortunate in having such a biographer to waft their names onward to the times that are to come.

Prof. Webster's Conviction.—The trial of Dr. Webster, which has occupied the public mind for the last fortnight to an extent unprecedented in a criminal case, was terminated late on Saturday evening last by a verdict of *guilty* from the jury. Notwithstanding the general sentiment, from a careful analysis of the testimony during the trial, that the prisoner was guilty of the awful crime for which he was indicted, the announcement of the verdict produced a shock, which was felt through the whole city. Thus a man who has been in the highest walks of society, esteemed one of the pillars of science, and a professor in Harvard University, the first and oldest institution of learning in America, must suffer death, for the horrible crime of murdering a fellow being—a member of the same profession with himself. The trial may be considered as one of the most important on record, and possesses a painful interest to the medical profession. In addition to the government testimony which has already been given in the Journal, it may be well to state in a few words that the janitor of the College testified to an interview on Monday the 19th, at the College, between Drs. Parkman and Webster, in which loud words were used by the former respecting the money due him; that an appointment of another meeting, on the fatal Friday succeeding, was made by Dr. W., which he himself acknowledges, and also says that Dr. P. came and he paid him some money; that Dr. W.'s rooms were kept constantly locked after that day, unusual heat was kept up in the furnace, and that tan and faggots were brought to the College; that the twine found around the remains corresponded with a ball in Dr. W.'s room; and that anonymous letters sent to the City Marshal, directing his attention, in searching for the remains, away from the College, were thought by experts in penmanship to have been written by Dr. W. The defence consisted mainly in the testimony of various highly respectable individuals that the character of Dr. W. was good as a quiet and peaceable man—of his three daughters as to the time spent at home by their father before his arrest—of four or five individuals that they saw Dr. Parkman after 2 o'clock on Friday—and of Dr. Morton respecting the teeth found in the furnace, which will be found in another part of to-day's Journal.—Sentence of death was passed upon Prof. Webster on Monday—the day of execution to be appointed by the Governor.

Dr. Boling's Valedictory.—This address was delivered by Wm. M. Boling, M.D., of Montgomery, Ala., at the annual Commencement of the University of Transylvania, Ky., March 1, 1850. Whole class, according to the catalogue, 92, of whom 32 took the degree of M.D. The Honorary Degree of M.D. was conferred on the following gentlemen:—C. W. Crozier, of Kentucky; Carey H. Fry, of Kentucky; Sam'l P. Brown, of Pennsylvania. And the Degree of Doctor of Medicine was also conferred on Charles Hill Duck, of Illinois, member of the Royal College of Surgeons, London. Horace P. Hitchcock, of Ky., carried off the prize of fifty dollars, against eight competitors, for the best thesis on medical education. The valedictory is distinguished by its practical good sense. There is no show of fine figures, but fine thoughts are discovered in following the author through the chart of a practitioner's life. He must know all about their hardships, their disappointments, their uncollectable bills, and, worse than all, the ingratitude of those who employ them, with no intention of paying a farthing for their services. From the graphic manner of detailing the pains and penalties of being a physician, we nearly arrived at the conclusion that Dr. Boling had tried it in Boston!

Dr. Charles Knowlton.—We regret to learn that this physician, well known throughout Franklin County, died lately very suddenly. We are informed by those who knew him that he was confessedly among the very first of the physicians of Franklin, Hampden, Hampshire and Berkshire Counties. His loss is deeply felt in the section (very extensive for a country practitioner) where he practised, and no man, we are told., could be more missed in Franklin County. Dr. Tabor, of Shelburne Falls, promises us, at his first leisure, a notice, biographical and critical, of Dr. Knowlton. Dr. K. has been a contributor in former years to the pages of this Journal, and his articles have always confirmed the favorable opinion of his scientific attainments which originated in a knowledge of his high standing among those more familiarly acquainted with him.

Collection of the Phrenological Society.—The valuable collection of the Phrenological Society has been purchased by Dr. J. C. Warren, and presented to the Museum of the Massachusetts Medical College. It comprises representations of the crania of different races and of remarkable individuals; also of the heads and faces of many of the most distinguished persons of modern times, numbering in the whole about five hundred pieces.

Alexandre's Artificial Leeches.—Mr. Burnett, No. 33 Tremont Row, has shown us a sample of *Artificial Leeches* which are well worth the attention of medical men. They are neatly put up in cases, each containing from six to twelve mechanical leeches, triangular lancets, &c., with all the necessary directions for use. They are easily applied, simple in their construction, and cheap. We expressed an opinion, sometime since, that this invention could never take the place of the true leech, yet we think favorably of the article as a curious and beautiful mechanical substitute, where the leech itself cannot be obtained.

Hooping cough is quite prevalent in Boston and vicinity.—The smallpox is still here, in various parts of the city. People from the country come to Boston at their peril, when not vaccinated.

To CORRESPONDENTS.—Several papers are crowded out of the present number. One from Dr. I. Warren has been received.

Deaths in Boston—for the week ending Saturday noon, March 30th, 98.—Males, 49—females, 49. Accidental, 1—abscess, 1—inflammation of the bowels, 3—disease of the brain, 3—bronchitis, 2—burn, 2—consumption, 18—convulsions, 2—chickenpox, 1—cholera infantum, 2—croup, 3—childbed, 1—drowned, 1—dropsy of brain, 3—exhaustion, 1—erysipelas, 2—effect of drinking cold water, 1—typhus fever, 1—scarlet fever, 1—lung fever, 3—brain fever, 2—rheumatic fever, 1—hooping cough, 4—disease of the heart, 2—intemperance, 2—infantile diseases, 4—influenza, 2—inflammation of the lungs, 7—marasmus, 4—old age, 3—pleurisy, 1—scrofula, 1—smallpox, 5—tumor, 1—teething, 4—worms, 1—unknown, 2.

Under 5 years, 33—between 5 and 20 years, 14—between 20 and 40 years, 27—between 40 and 60 years, 19—over 60 years, 5. Americans, 44; foreigners and children of foreigners, 54.

Delegates to the Convention for Revising the National Pharmacopœia.—In compliance with a resolution of the Convention for revising the National Pharmacopœia, which met at Washington on the 1st of January, 1840, the Vice President announces the appointment of the following delegates to the ensuing Convention, to be held at Washington on the first Monday in May, 1850. The names are given in the order in which they were received by him.

From "the Faculty of the National Medical College," at Washington—Professors Riley, Miller, and Foreman. From "the Faculty of the Jefferson Medical College," of Philadelphia—Professors Franklin Bache, and R. M. Huston. From "the College of Pharmacy of the City of New York"—Messrs. John Milhau, George D. Coggeshall, and James S. Aspinwall. From the Medical Faculty of "the University of Pennsylvania"—Drs. George B. Wood, and James B. Rogers. From the "College of Physicians of Philadelphia"—Drs. Joseph Carson, Henry Bond, and Francis West. From "the Geneva Medical College"—Prof. James Bryan, M.D. From "the New Hampshire Medical Institution"—Drs. Albert Smith, and Dixi Crosby. From "the Philadelphia College of Pharmacy"—William Procter, Jr., Daniel B. Smith, and Charles Ellis. From "the Rhode Island Medical Society"—Drs. Usher Parsons, and David King. From "the New Jersey State Medical Society"—Drs. L. Condict, and W. A. Newell. From "the Faculty of the Medical Department of the University of Buffalo"—Dr. C. A. Lee. Geo. B. Wood, *Vice Pres.*

Mortality of Baltimore in 1849.—It appears, from the Annual Report of the Baltimore Board of Health for the past year, that there were 4,576 deaths in the city during 1849, of which 2,317 were males, 2,259 females; 1,057 colored; 266 slaves, and 791 free; 411 were still-born; 995 under one year of age; between one and two, 500; between two and five, 414; between five and ten, 174; between ten and fifteen, 93; between seventy and eighty, 152; between eighty and ninety, 59; between ninety and one hundred, 21; above one hundred, 7. Died of consumption, 668.—*Philad. Med. News.*

Buffalo Medical College. Commencement.—The Annual Commencement of the Medical Department of the University of Buffalo, took place Feb. 26th, at Clinton Hall, in the presence of a very large audience of ladies and gentlemen. The exercises were opened with music by the band, which was in attendance, followed with prayer by Dr. Thompson, of the First Presbyterian Church.

The degree of M.D. was then conferred upon the graduating class—twenty-seven in number—by Hon. G. W. Clinton, in the absence of the Chancellor, Hon. M. Fillmore. After conferring the degrees, Mr. Clinton addressed the graduates briefly, but eloquently, in behalf of the Council.

The honorary degree of M D. was conferred upon Samuel Carey, of this city. Next followed the address to the graduates, by Prof. J. P. White, which was a very appropriate and well written production—full of good advice to the young gentlemen who are just entering upon a career of active duties, and of valuable suggestions for their guidance in their future course.

The exercises were concluded with the benediction by the Rev. Dr. Shelton.—*Buffalo Com. Adv.*